



## **CITY OF WESTMINSTER**

FINANCE DEPARTMENT  
8200 Westminster Boulevard  
Westminster, CA 92683  
(714) 898-3311

### **PARAMEDIC SUBSCRIPTION PROGRAM APPLICATION- BUSINESS**

Business subscriptions are \$100.00 per 10 employees, per year. Please provide the following information. Please use a separate form for additional employees.

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

EMPLOYEE NAME

SOCIAL SECURITY #

|    |       |
|----|-------|
| 1  | _____ |
| 2  | _____ |
| 3  | _____ |
| 4  | _____ |
| 5  | _____ |
| 6  | _____ |
| 7  | _____ |
| 8  | _____ |
| 9  | _____ |
| 10 | _____ |

**( Please make check payable to City of Westminster )**

#### **TO PAY BY CREDIT CARD PLEASE FILL IN BLANKS BELOW:**

Credit Card Information:

Billing Name: \_\_\_\_\_

Card # 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Expiration Date:     /     Signature \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date